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Original Article.

THE TREATMENT OF POTT'S DISEASE OF THE SPINE.

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While caries of any part of the vertebral column cannot be considered an unimportant affection, it is well to recognize the fact that much depends on the region of the spine involved. In the middle dorsal region it is perhaps the most serious trouble, excepting malignant disease, that can attack the bones of the growing child. In this part of the spinal column the destruction is often extreme and the deformity great, evidently because the affected bones are at the greatest disadvantage mechanically. Lower down the vertebral bodies are so large that they do not lose their relation of mutual support until the loss of substance is very extensive, and above the vertebral bodies, though small, have less weight to sustain. But in the intermediate portion not only do the bones feel the incessant movements of respiration, but they are also more widely moved in flexion and extension and in lateral curving with rotation than in other parts of the column, and furthermore they are exposed in a peculiar manner to the risk of over-strain from their position in the middle of the column. I think it is in the experience of all of us that in this middle and upper dorsal region Pott's disease continues longest before consolidation takes place.

Here we have a most striking illustration of the fact that the recovery from articular osteitis is postponed by unfavorable mechanical environment. As joints in the upper extremity, free from the mechanical stress attending locomotion, recover easily, while those which, in the lower extremity bear the heat and burden of the day, recover only after prolonged and extensive destruction, so articular osteitis in the cervical region of the spine is easily curable while in the upper and middle dorsal region relief and repair come only after desperate and prolonged risk.

How can we best assist Nature to cure this disease in this difficult part of the skeleton? The same general rules apply

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here as in the treatment of articular osteitis in the lower extremities. We can not cut short the disease by an operation or by any procedure whatever, but can expect with confidence, and must promote by our best endeavors the arrest of destruction and the beginning of repair. What then can we do to put the affected vertebræ in their best attitude and to raise the defensive and reparative powers of the system to their highest efficiency? As in articular osteitis occuring elsewhere we desire, (1) to relieve the bone of the duty of supporting weight and concussion, and (2) to prevent the affected joint from motion, believing that the arrest of these two functions, weight bearing and motion, are essential to good treatment. It does not seem wise to keep the patient recumbent for the long period necessary. In the management of hip disease we put the affected limb to bed, so to speak, while the patient is up and about. But a similar resort in Pott's disease is impossible. Since the patient must be up and to a certain extent active in locomotion, our best resort, in my opinion is to take what benefit can be had from the application of a lever making pressure from behind forwards in the neighborhood of the posterior projection and counter-pressure from before backwards at two points, one above and the other below the level of the seat of the disease. In a limited sense this application relieves the diseased joints from the weight of the body, while the patient is up and about, because antero-posterior pressure thus applied transfers a part of the weight and concussion incident to standing and walking from the diseased bodies of the vertebræ to the processes, which remain sound. Having thus (1) removed so far as is practicable injurious pressure from the diseased structures it is obvious that we have also applied the most effective kind of retentive splint for (2) the arrest of motion in the affected joints.

It does not take much practical experience to convince one that efficient pressure applied in this manner is productive of good. It may not at once arrest morbid action and induce cicatrization of the carious bone. For these events we must wait for the natural reaction, but it is not difficult to believe that Nature will the more promptly intervene with reparative efforts if our mechanical applications relieve distress and substitute a feeling of strength for weakness and apprehension. A well applied support at once gives a degree of relief which finds plain expression in the face and attitude of the patient. As a matter of fact a feeling of security and comfort is afforded by the use of a corset made from any of the materials in ordinary use. I will not indicate the defects of apparatus of this kind. The inexpensiveness of jackets and the ease with which they can be obtained and applied make them of the greatest service to a vast number of patients who otherwise would have no mechanical support whatever. But when and where it can be done it is necessary to give the patient the benefit of accurately adjusted antero-posterior pressure.

At the best, antero-posterior pressure, no matter how carefully applied, fails to give all the support which is desirable. This is because the leverage is deficient. In the vertebral column there is found no long bony lever such as is at hand in making a mechanical application for fixing the knee. There is, rather a succession of irregular bones movable upon each other, which, from the nature of the case, impair the success of any attempt to arrest motion or support the column by pressure from behind fowards and counter-pressure from before backwards, because the pressure from before backwards will, a part of it at least, be expended in bending backward portions of the vertebral column above and below the projection. The force thus employed is however by no means wasted as it secures an ultimate improvement in the shape of the trunk which is often characteristic of patients who have been thus treated.

The apparatus needed is essentially simple, consisting of two parallel uprights united below by a pelvic band and diverging at their upper ends at the base of the neck, and curving over the tops of the shoulders. Pressure from behind forwards is made by two pads attached to the uprights at the level of the projection and applied a short distance from the median line on each side. Counter-pressure from before backwards is made

below by a strap passing from one end of the pelvic band to the other in front of the pelvis and above by straps, one on each side, passing from the upper end of the upright through the axilla to be buckled to the upright. The most important feature of a brace constructed to carry out these views is the use of mild steel for all the metal parts. The use of this material puts in the hand of the surgeon the power to modify the degree and direction of pressure to the changing shape and to meet the increasing tolerance of the skin to pressure. The reaction of the skin should receive special and constant attention and gentle and gradually increasing pressure should be made till the limit of comfortable tolerance is reached.

By patient attention to details apparatus thus designed may with certainty be made comfortable and efficient. The diffused support furnished by a jacket is often secured by the addition, to the simple lever described above, of aprons and other pieces which add to the feeling of stability and security without interfering with the chief function of the apparatus which is to make antero-posterior pressure. One hardly knows where to begin and where to end in the in the consideration of the details which demand attention in practice of this kind. I will close by saying that cheapness and cleanliness may be promoted by leaving the steel parts of this brace unpolished and covering them with a single layer of adhesive plaster, and then with strips of Canton flannel or silk cut bias and renewed without much trouble as often as may be desired.

PRESENT STATUS OF LEGISLATION FOR THE PREVENTION OF BLINDNESS.

By WALTER B. JOHNSON, M.D.*

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THE rapid increase in the proportionate number of the blind in this country during the last decade being over four times greater than the precentage of increase in the population, has attracted the attention of ophthalmic surgeons and others, to a consideration of the best means to prevent the occurrence and spread of the diseases which are the prime factors in producing the conditions, and to the suggestion and probable enactment of laws which will ensure skilled and prompt medical treatment in the early stages of the diseases, when an unfavorable termination may poss bly be averted.

The prevention of blindness has been written upon and discussed in foreign countries, and suggestions have been offered and adopted and laws enacted in England, Germany, France and Switzerland by Wilde, Fuchs, Magnus, Adder, Steffan and others.

In 1881 Dr. C. R. Agnew in his notes on "Contagious Diseases of the Eye in Schools and Asylums" suggested the possibility of the prevention of blindness by legal enactment in the following words:—

"Diseases of the conjunctiva and of the cornea are largely the cause of prevailing blindness, and yet they belong in a great degree to the class of preventable diseases."

"The fact that they do fall into this class gives to the sanitarian and to the legislator a special opportunity and advantage for inquiry, advice and legal enactment, to limit or prevent the prevalence."

Dr. Chas. J. Kipp, in an essay read at a meeting of this society in 1884 on the "Prevention and Treatment of Purulent Conjunctivitis," from which the following is an extract, advocated the placing of the care of such infectious cases in the hands of the State Board of Health, page 98 and 99, New Jersey State Medical Society report 1884.

"In England, and other parts of Europe measures looking to the dessemination among the people of knowledge regarding the cause of the ophthalmia of the new born, and the means to be resorted to for its prevention, have lately been under discussion in medical societies, and steps have been taken to distribute among all classes of society cards of instruction, drawn up in the simplest possible language. The same might be done here by our State Board of Health which has already done so much to enlighten the people with regard to the causes and the prevention of disease;

*Read at the Annual meeting of the Medical Society of New Jersey.

and I have no doubt that if this society should see fit to recommend the publication of a circular embodying such information, the state board would gladly do this. Most of the cases of blindness from ophthalmia neonatorum which have come under my notice were, as I have before remarked, the result of neglect on the part of the parents to put the case in the hands of a competent physician at the beginning of the disease; and it is therefore reasonable to expect at least a reduction in the number of the hopelessly blind in the future, if the people are made aware that by early treatment of the disease the eye can be saved, and that neglect will probably result in blindness.

I believe it to be the duty of every physician attending a case of purulent conjunctivitis to point out to the persons living with the patient the very contagious nature of the discharge from the eye, and to warn them not to use any of the towels, washbowls and other articles used by the patient. Whenever it can be done, the patient should be isolated, and the nurses attending him should not only be compelled to wash their hands thoroughly with some disinfectant every time they have dressed the eye, but should be prohibited from going into other rooms."

"On motion it was Resolved that the attention of the State Board of Health be called to the contagion of ophthalmia which can be guarded against by circulars of instruction to families."

In 1887 Dr. Lucien Howe of Buffalo, presented some notes on the "Increase of Blindness in the United States," at the twenty-third annual meeting of the American Ophthalmological Society and suggested that a committee be appointed by the Society to investigate the subject. He demonstrated in his article, by a comparative table of the statistics of the census of 1870 and 1880, that while the population had increased 30.09 per cent. the number of blind had increased 140.78 per cent.

That the greatest proportion of blindness is nearest the center of density of population and also nearest that portion of the country where immigration would be apt to exercise the most influence upon the native population, and that blindness in the United States is largely due to contagious diseases.

Resolutions were adopted by the Society which called for the appointment of a committee of three, to examine further as to the apparent increase in the number of blind in the United States, and recommended means for its prevention. Doctors Lucien Howe, Swan M. Burnett and J. A. Andrews were appointed as this committee.

Dr. Howe in 1889 also presented at the annual meeting of the New York Society an article on the Purulent Conjunctivitis of Infants and Blindness in New York State showing that the census of 1870 and 1880 indicated that the number of blind in the State has increased eight times faster than the population, although he admitted that the returns were probably more complete in 1880 than in 1870, while maintaining that the indicated per cent of increase was probably very nearly correct.

He also, by the careful study of the statistics regarding Purulent Conjunctivitis in infants showed that nearly 25 per cent. of all the cases of blindness resulted from this disease.

The method of Crede, which consists in a thorough cleansing of the eyes of the infant immediately after birth and then applying to them a two per cent. solution of nitrate of silver, was recommended to all obstetricians as a routine practice in every case. He also suggested the following course of action.

"First, to call the attention of the profession in general to the apparent increase of blindness, to the importance of ophthalmia in children and to the efficacy of proper means of preventing it. Second, to request the examiners of nurses and midwives, to require of the candidates some knowledge of the dangers of ophthalmia of infants and an acquaintance with the methods of prophylaxis now in use. Third, to instruct our committee on legislation to formulate and recommend the passage of a law by which all midwives in the state shall be obliged to report the existence of any case of infant ophthalmia within twenty-four hours, after its occurrence to the family physician, to the district physician or to some legally qualified practitioner."

By unanimous vote of the New York

State Society these recommendations were finally adopted and as a result of the efforts of the Committee on Legislation, the following law was enacted:—

"The people of the State of New York represented in Senate and Assembly, do enact as follows:—

SECTION 1. Should any midwife or "nurse having charge of an infant in this "state, notice that one or both eyes of "such infant are inflammed or reddened "at any time within two weeks after its "birth, it shall be the duty of the mid-"wife or nurse so having charge of such "infant to report the fact in writing, "within six hours to the health officer "or some legally qualified practitioner of "medicine, of the city, town or district "in which the parents of the infant "reside.

"SECTION 2. Any failure to comply "with the provisions of this act shall be "punished by a fine not to exceed one "hundred dollars or imprisonment not to "exceed six months, or both.

"SECTION 3. This act shall take "effect on the first of September, "eighteen hundred and ninety."

Copies of this law were sent to the physicians of the State, enclosed with the following letter of explanation.

183 Delaware Ave.
Buffalo, N. Y., June 2, 1890.

"Dear Doctor:—

"The Committee of the New York "State Medical Society for the Prevention "of Blindness, enclose to you herewith a "copy of a law passed by the Legislature "during its last session. By thus call-"ing the attention of certain members of "the profession, of examiners of mid-"wives, and of midwives themselves, to "the existence of such a law, it is hoped "that its purpose may be better fulfilled. "The committee would urge the desira-"bility of promptly reporting cases of its "violation to the County District Attor-"ney or other proper legal authorities, "either directly or through the County "Medical Societies. And with a view to "even more stringent regulations in the "future, the chairman of the committee "would be obliged for information re-"garding any cases of conviction under "this law."

Some of the cases tried under this law failed of conviction in consequence of the word "notice" in the second line of the law, the culprits claiming that they did not *notice* the redness or inflammation.

The law was supplemented by an act fathered by Eldridge T. Gerry, chapter 325 page 681 volume 1 of the laws of the State of New York. The clause in reference to the prevention of blindness by suitable punishment reads as follows:—"When a midwife, nurse or other person having the care of an infant within the age of two weeks, neglects or omits to report immediately to the Health officer or to a legally qualified practitioner of medicine of the city, town or place where such child is being cared for, the fact that one or both eyes of such infant are inflammed or reddened whenever such should be the case, or who applies any remedy therefore without the advice, or except by the direction of such officer or physician, the penalties prescribed by the law shall be enforced."

As far as could be ascertained the only action of any Boards in this State was taken by the State Board of Health in October 1886 and by the State Board of Medical Examiners under an act of the Senate and General Assembly of the State of New Jersey, entitled "An act to regulate the practice of Midwifery in the State of New Jersey," Approved March 28th, 1892.

This action consisted in placing the following condition on the official certificate to midwives:—"Fifth condition. That you shall secure the attendance of a reputable physician *at once*, whenever the new born infant is asphyxiated, is blue or does not breathe or has any convulsions, deformity or malformation, retention of urine or feces, bleeding, redness or inflammation of the navel or *any swelling, redness or inflammation of, or discharge from the eyelids or eyes*, or any other abnormal condition."

The New Jersey State Board of Health have issued Circular No. 47 "Prevention of Serious Injuries to the Mind, the Eyes, the Ears," and also refer to the subject of the prevention of blindness in Circular No. 78 "Protection of Schools from Communicable Diseases." In Circular 47 the result of neglected eye

disease is carefully considered and C. R. Agnew, M. D. of N. Y. extensively quoted. A very concise and complete set of rules, credited to Dr. Chas. J. Kipp, of Newark entitled "How to Prevent the Spread of Contagious Diseases of the Eye and What to do for them" is incorporated in this circular.

The following salient points are worthy of special note: "Any affection of the eye which gives rise to the formation of much matter (discharge) may be looked upon as contagious". "Teachers and persons in charge of asylums, schools etc., should not permit a child with sore eyes to attend school or be admitted into an institution containing children, unless a competent physician has certified that the eye disease is not contagious."

Regarding purulent ophthalmia of infants the rule is "In all such cases it is the imperative duty of those in charge of the infant to see that a competent physician is placed in charge of the case, for, if properly treated the disease will, in all probability, pass away without damage to the sight, while if it is neglected, hopeless blindness is only too often caused by it. It is said that nearly one half of the inmates of the schools for the blind have lost their sight from this disease."

The circular is very carefully drawn throughout and would seem to be applicable to such cases and capable of accomplishing all that could be done by circulars alone providing that a very general distribution was made to the physicians of the State also to all midwives, nurses and any other person having the care of infants, who might develop the disease.

In 1890, at the meeting of the American Ophthamological Society, Dr. Howe presented a paper and the committee, of which he was chairman, appointed to inquire into the "Causes and Prevention of Blindness". made a report, in which the following recommendations tending towards the enactment of laws in all parts of the United States, were offered for the consideration of the members of the Society.

First. To familiarize the profession with the advantages of Crede's method as a means for lessening the number of cases of ophthalmia neonatorum. It is a lamentable fact that a large portion of physicians in active practice, and many obstetric ans, are entirely ignorant of the advantages of this simple procedure, or, for some reason, have neglected to make any systematic attempts to test its efficacy. A great deal depends upon those whose practice affords them opportunities of seeing the dire effects of purulent ophthalmia, for by the presentation of papers at medical societies, or by discussions with persons with whom they come in contact, much good work can be done in this respect.

Second. It should be the endeavor of those familiar with the subject to appeal particularly to the examiners of midwives, and, when possible, to midwives themselves, in order to impress upon them the dangers of ophthalmia neonatorum, or still better, to encourage the enactment of laws in various States which would require nurses to promptly report every such case to some legally qualified practitioner. The fact that nurses and midwives in most States have a very irresponsible position, which enables them to do much harm; the fact that a very little negligence or delay with this class of cases often results most disastrously to the patient; and the fact that the duty of nurses in this respect in foreign countries has already been established, and at least by one State in the Union, inspires the hope that creditable reformation may take place in other parts of our own land.

A certain amount of attention paid to these two suggestions by a few of the prominent American oculists might diminish appreciably the baneful results of that one disease, ophthalmia neonatorum, which produces the largest number of these unfortunate sufferers.

In the third place, the committee would recommend that greater care be taken in instructing physicians to asylums and residential schools, and other persons having charge of such institutions, concerning the dangers of contagious ophthalmia in any form. Here, also, it would be well to seek the aid of legislation in limiting the number of inmates, proportionally to the size of the school, to the air space in the dormitories, etc., as has been done already in the State of New York.

Fourth. Greater care should be exercised in the prevention and intelligent treatment of cases of purulent conjunctivitis and other contagious conjunctival diseases of adults. In workshops, hotels, and other public places, where practicable and advisable, notices could be posted calling attention to the danger of contagion from roller-towels, from imperfectly clean wash-basins, or similar sources of contamination.

Fifth. In order to prevent the introduction of cases of trachoma and other forms of contagious eye diseases, it is desirable that nore stringent regulations be mabe by the commissioners of imigration. Suspicious cases should be quarant ned, and if there is danger of blindness to the individual, he should be returned to his own country. It is certain that a considerable number are admitted each year, the condition of whose eyes necessitates application for public relief, either at the time of landing or soon after, and it is very probable that the apparent increase of blindness in the United States is due, in no small degree, to the number of cases of contagious eye diseases, more or less developed, that come among the imigrants each year and are distributed to different parts of the country.

Sixth. As a certain number of cases of very imperfect vision or blindness result directly or indirectly from myopia acquired in youth, superintendents or school teachers and parents ought to be instructed concerning those precautions, which taken early, undoubtedly lessen the proportion of myopes. This phase of the subject has already received considerable attention in certain parts of the country and is too familiar to require any further mention.

Seventh. As another considerable portion of cases of blindness are due to accidents which occur in factories, and are the almost inevitable results of the pursuance of certain trades, it seems advisable to post notices near grindstones, in boiler shops, machine shops, and in similar places, cautioning the workmen against those habits of carelessness most apt to occasion accidents. This might be stated briefly, and a few words added advising against the use of poultices, lead washes, etc., and other noxious forms of treatment.

Eighth. Finally, the committee would strongly recommend in the medical colleges throughout the country more attention be given by the faculties to the course of ophthalmology, making it as long and thorough as the requirements of other branches will admit. The committee is fully aware that in making these statements and recommendations regarding the causes and prevention of blindness it simply formulates in brief what is for the most part well known from similar observations made in other countries. It is hoped, however, that the action of this body in recognizing formally the importance of the subject may draw to it the notice of practitioners in general, and it seems fitting that a society whose object is the advancement of ophthalmology should also be the pioneer in any combined effort of the profession for the prevention of blindness.

LUCIEN HOWE, M. D.,
SWAN W. BURNETT, M. D.,
JOSEPH A. ANDREWS, M. D..

In closing the compilation indicating the present status of the laws and action of various bodies in relation to the prevention of blindness in this country, the writer would respectfully suggest that a committee be appointed to consider the desirability of furthering legislative action in this direction in the State of New Jersey, and that the committee if appointed be requested to formulate a suitable plan of action and to present drafts of circulars and proposed laws at the next meeting of this Society.

THE CURATIVE ACTION OF SALOPHEN.

BY ROBERT GERHARDT, M. D.

[Inaugural Dissertation, Jena, 1893.]

IF we compare the results obtained by various observers from salophen, we find that as regards its action in acute articular rheumatism it closely approaches the salicylate of soda, but it is to be preferred to the latter on account of its tastelessness and innocuous character. In chronic articular rheumatism its effect is very doubtful, although it may be given a trial in connection with the other remedies. In a few cases improvement has been obtained from its continued use, but in most instances its

effect has been slight. As an antipyretic it is of no value except in febrile rheumatism. As an antiseptic it has proved ineffective.

In cystitis a favorable result was observed in a single case. On the other hand, the anti-neuralgic effect of the remedy has been demonstrated by numerous cases

In the Medical Clinic of Jena, salophen has been chiefly employed in acute and chronic articular rheumatism, only a few cases of neuralgia came under observation, so that little opportunity was afforded for giving it a trial.

I will now report the cases in which it was employed:

CASE 1. F. H , domestic, aged twenty-one, was admitted January 18th, 1892, having suffered for eight days from pains in the right knee and ankle joints. Both joints are somewhat swollen, the skin over them reddened and hot, movements painful and somewhat restricted, tenderness in right popliteal space. No fever.

Patient received on the evening of admission salophen, one gram, and afterwards five grams daily in fractional doses.

January 20th, the pains were much less severe and had completely disappeared on the 25th, while the joints were normal. No after effects were observed. February 4th, patient discharged cured.

CASE 2. Karl M. Shoemaker, aged forty-three, was admitted July 30th, 1892, and had suffered twice before from articular rheumatism, the present attack being of five days' duration. Pains in left wrist joints, in both knee and ankle joints and in the right elbow joint. Headache, profuse perspiration, the left knee and both ankle joints swollen. Patient scarcely able to move. Temperature 39° Centigrade.

Treatment was commenced with salicylate of sodium, which was given in amount of five grams during the first day. The temperature fell to 38° on the following morning, and in the course of the day to the normal level. The pains continued, although somewhat diminished in intensity. As the patient, however, complained of profuse sweating and tinnitus aurum the salicylate was discontinued and salophen given six times daily in doses of one gram. August 1st, patient felt considerably better and complained only of fugitive pains in the right shoulder. After administration of salophen tinnitus no longer experienced, but profuse perspiration.

August 4th, pain had completely disappeared, and swelling almost gone, salophen was discontinued and the salicylate of sodium resumed in doses of four grams *pro die*. No recurrence ensued and patient was discharged cured August 18th.

CASE 3. August W., tailor, aged twenty. had suffered from an attack of articular rheumatism during Christmas 1891. At that time the foot, knee and wrist joints were affected. Four weeks before admission he had suffered for several days from painful swelling of the left knee, and since three days from severe pains in the left wrist joint.

On admission, May 29th, 1893, the anterior surface of the lower extremity of the left forearm, especially the extremity of the radius was very tender, and the wrist joint and back of hand swollen as far as the fingers. Mitral insufficiency with good compensation. Temperature 37 6°.

June 1st, increased pain and swelling of the left wrist and dorsum of the hand as far as the finger ends, Temperature 38°. Salophen administered in evening in one gram dose.

June 2nd, no change, salophen, one gram, four times.

June 3rd. swelling of fingers and back of hand diminished. Patient able in the evening to move hand and fingers without pain. Temperature 37.6°. Salophen one gram, three times.

June 4th, slight pains in both elbow and shoulder joints, no objective signs. Salophen one gram four times daily until the sixth. June 7th and 8th, daily dose increased to two grams. The slight pains in elbow joints persist.

From June 9th, patient received daily two grams salicylate of sodium. The pains disappeared on the 12th, but returned on the 13th.

From June 14th, salophen resumed in three gram dose *pro die*.

June 16th, only slight pricking in right shoulder joint.

June 17th, pains have disappeared.

July 6th, patient discharged cured.

CASE 4. Paul M., waiter, aged six-

teen, admitted May 31, 1892, had been attacked four days previously with swelling and pain, first of the feet and then of knees, hand and shoulders, together with feelings of heat, perspiration, languor and inability to walk.

Status, May 31st, the ankle, knee and wrist joints, and the joints of the toes and fingers were painful, swollen, red and hot to the touch. The left elbow and left shoulder joints were red and hot, painful but not swollen. Active and passive motion in the affected parts carried out with difficulty. Area of cardiac dullness not increased, first heart sound at the apex muffled, somewhat impure, second pulmonary sound not accentuated. Temperature 39.2°.

Patient received on the evening of admission one gram of salophen, June 1st, one gram three times. June 2nd, one gram four times, and during the following days one gram four times daily.

June 2nd, redness, swelling and tenderness of the wrist, ankle and finger joints diminished. Pains in shoulder joints more severe, and movements greatly impaired.

June 3rd, No fever, pains in joints have almost completely disappeared, being slightly felt during movements. Redness and swelling diminishing (four days). In connection with the first sound at the apex of the heart, a slight murmur is heard.

June 5th and 6th, patient free from fever and pains.

June 7th, recurrence, temperatue elevated to 38.6°, swelling and painfulness of the right wrist joint. Under treatment with salicylate of sodinm these symptoms disappeared in four days. The patient complained, however, of the bad taste of the salicylate, and from June 15th on, salophen was again administered in one gram doses thrice daily.

June 18th, second recurrence, fever to 38.6°, pains in both shoulder joints. Salophen, three grams, *pro die.*

June 20th, absence of fever and pains (three days.)

June 28th, and subsequently salicylate of soda administered in three gram dose, *pro die.*

July 2nd, mild fever and slight pains in ankle joints.

July 6th, pains have disappeared.

July 17th, patient discharged cured with well compensated mitral insufficiency.

CASE 5. August N. aged thirty-one, servant, sick for eight days. Disease commenced with pains in both hip joints which disappeared, then in both knee joints and in the right elbow joint. In connection with this great lassitude, anorexia, chills and fever, profuse sweats.

Status on admission, November 23, 1892: Both knee joints and the right elbow joint markedly swollen and painful, not reddened, but held immovable by the patient.

The left knee is tensely distended, with distinct fluctuation, ballotment of the patella in the right knee moderate effusion and fluctuation; in the right elbow joint some fluctuation between radius and humerus, Heart normal, temperature 39° at mid-day.

Patient was given daily salophen six grams, in divided doses, later, seven and eight grams.

November 24, no essential improvement. Patient complains of pains in the left elbow and ankle joints. Temperature somewhat reduced (maximum 38.6.)

November 25th, pains less severe.

November 26th, decided improvement (four days). Patient got up at night and walked a short distance without experiencing any pain, No pain during voluntary movements of the knee joints.

The left knee somewhat larger still than the right; the ankle joints also movable. Slight pains in the elbow joints, but none in the hip joints. At the apex of the heart a faint murmur following the first sound is heard. In the evening the temperature rose to 37.8° and in connection with moderate pains a swelling developed on the three middle fingers of the right hand in the region between the metacarpo-phalangeal and inter-phalangeal joints. Patient experiences pains in moving these fingers and the thumb.

November 27th, swelling of right hand subsiding., but in connection with fever up to 38.7° a similar swelling appeared on the left hand. Knee perfectly painless and free from exudation.

November 29th, patient free from fever and pains. Swelling of joints completely gone.

December 6th, during the first fourteen days one hundred and eight grams of salophen have been administered without toxic effects, and only occasional periods of profuse sweating. Appetite good during the periods of apyrexia. Area of cardiac dullness somewhat expanded toward the right side, and at the apex of the heart a distinct systolic murmur (mitral insufficiency). Salophen discontinued.

December 9th, pains in both shoulders, hands, knees and in the lumbar spine, attended with elevation of temperature. Salophen, one gram, administered six times. Pains become more severe.

December 10th, salophen one gram eight times.

December 11th, salophen one gram ten times.

December 12, pains less severe.

December 13th, only slight pains in shoulder during passive movements.

December 17th, joints perfectly restored to a normal condition. Salophen was well borne in three large doses, although producing profuse sweating.

December 15th and following days, salophon administered in one gram doses six times daily. During December 19th and 20th, the drug was discontinued, and salicylate of sodium three grams daily substituted. As early as the second day of its administration, however, headache, tinnitus aurum, anorexia, vertigo and profuse sweating occurred, and for this reason it was discarded and the use of salophen six grams *pro die*.

December 28th, second recurrence, without fever, all the joints again markedly painful. Prescribed salophen eight grams *pro die*.

January 1st, 1893, pains have disappeared in four days.

January 13th, third recurrence with slight fever, pains and swelling of right knee.

January 17th, pains have disappeared.

The impairment of motion of the right knee slowly subsided. From January 22nd the patient received in place of salophen the salicylate of sodium, which was now well borne, in six gram doses pro die.

February 20th, patient discharged cured with well compensated mitral insufficiency.

CASE 6. Andras R. aged eighteen, servant, has suffered for about three weeks from conlimious tearing and burning pains in the legs, with swelling of the right knee and impossibility to walk. Since eight there has been also swelling of the right shoulder joint, attended with pains.

Status on admission May 31, 1892, the right knee joint markedly swollen and painful, and can be flexed at a right angle only with difficulty. Circumference of right knee 32 cm., of the left, 29 cm. The right shoulder joint swollen and painful; and arm can be flexed only to an angle of 60 degrees. At the apex of the heart a slight systolic murmur. Area of cardiac not enlarged. Temperature 38°.

Patient received three times daily one gram salophen, some days as much as six grams. The pains usually exacerbate at night, but if an additional dose is administered, disappear in about an hour.

June 7th, joints less swollen and painful.

June 8th, more intense pains in the previously affected joints, and also in the left shoulder, ankle and knee joints.

Condition later is variable; pains sometimes become slighter, and even subside altogether for a time, sometimes they become more severe, being occasionally combined with slight elevations of temperature. In general, slow, gradual improvement the attacks of pain diminishing in frequency and severity.

From June 28th to July 12th, salicylate of sodium administered at first in doses of three grams then of four grams daily. No essential change in course of disease. Patient complains of bad taste of the remedy.

From July 13th, salophen resumed in doses of three grams *pro die*. Slow improvement.

July 15th, circumference of right knee 30 cm. Attacks of pain less frequent and not very violent.

July 19th, patient began to walk about. Salophen continued in three gram doses daily in connection with massage. Pains subside gradually and completely. When discharged August

14th, patient was able to walk quite well, and the arm could be raised almost to the normal height.

CASE 7. Christine A., domestic, aged thirty, admitted December 16th, 1892, had suffered for four weeks from fever, swelling and pains in the left foot, later in the left hand and right shoulder. Patient had been under medical care before admission, and the pains and swelling of the foot had subsided. The joints of the fingers and the wrist joint on the left side are reddened, swollen, hot to the touch and painful, the back of the hand being markedly oedematous. On the right side, the metacarpo-phalangeal joints are somewhat reddened, swollen and painful. Movements in the right shoulder are very painful and much restricted. Area of cardiac dullness enlarged toward the right side, at the apex of the heart a systolic murmur. Temperature 38.8°.

Patient was first treated with salicylate of sodium six grams *pro die*. The pains became less severe, subsiding entirely in the right hand, but recurring with great violence in the left hand and right shoulder. Besides these, continuous tinnitus aurum, deafness, anorexia and profuse sweating.

December 22, on the trunk and extremities isolated red patches, beneath the right clavicli a large vesicli.

From December 23, salophen, one gram six times daily administered; altogether patient received eighty grams. The remedy was well borne, and only occasionally she complained of slight ringing in the ears. The appetite became better, and a general subsidence of the pains was observed.

The impairment in movements and the œdema of the left hand remained almost unchanged so that it was found necessary to resort to massage and absorbefacients.

The slow improvement persisted, even when the salophen was replaced by salicylate of sodium three grams *pro die*, which was now well borne.

CASE 8. Herman Z., locksmith, aged thirty-two, was admitted August 17th, 1892, with acute articular rheumatism in the left ankle joint, both knee and shoulder joints, and in the right sterno-clavicular joint. An examination at the time of admission revealed an insufficiency of the mitral valve and considerable sugar in the urine. Temperature 39°.

Patient was at first treated with salicylate of sodium, six grams *pro die*, but as this remedy was badly borne, salol four grams daily was resorted to without effecting a cure of the rheumatism. The affection of the hands was rapidly improved, but in the left knee the swelling and pain considerably increased, but the left ankle joint remained unchanged. There was a continuous of moderate intensity.

From September 11th the salophen was administered in one gram doses four times daily. The remedy was better borne than the drugs previously employed, but had no pronounced effect.

The swelling of the left knee somewhat decreased and the pains became less severe, but did not disappear. Elevations of temperature up to 38.5° frequently occurred.

After fifteen days' administration salophen was discontinued. Later improvement was obtained by long continued fixation of the leg by a plaster of Paris bandage followed by massage.

CASE 9. Margaret H., aged twenty, had suffered since December, 1890 from chronic articular rheumatism with severe mitral insufficiency. The joints of the fingers and the wrist, shoulder and elbow joints thickened. Movements of these joints much restricted and painful. Same condition in joints of the lower extremities.

Head can be moved only with difficulty, the face is turned toward the left side. Pain in articulations of the jaw, incisor teeth can be separated only a short distance. Patient lies almost immovable in bed, sitting impossible. Frequent attacks of violent pains in the affected joints.

Patient has been under treatment since August 1891, and almost all the customary remedies have been employed without success.

From June 1892, salophen one gram three times daily administered for a long time. Altogether 211 grams were used, without any influence upon the pains or the other symptoms. No disagreeable after effects observed.

CASE 10. Karl F. aged thirty-one, mechanic, admitted November 9th, 1892, gave the history of having suffered since 1874 from paroxysmal pains especially in the right hip joint and sacral regions.

Motions of the right hip joint much impaired, the leg is rotated markedly to the outside and the trochanter one centimetre above the Roser-Nelaton line. The lumbar vertibræ are in a marked condition lordosis. Diagnosis. Arthrites deformans.

Patient received salophen four grams *pro die*. The pains rapidly improved, and disappeared completely after several days, but recurred with variable intensity. December 5th, the patient was discharged considerably improved at his own request. Latterly he had complained only now and then of pains in the anchylosed hip joint. Salophen was well borne during the entire period of its administration, and only once was tinnitus aurum experienced.

CASE 11. Mathias B., coachman, aged thirty, admitted December 31st, 1892, had suffered for three weeks from pains in the left leg which appeared suddenly after bodily exertion. These were slight when he was resting but became more violent when walking. The sciatic nerve is sensitive to pressure at all its superficially lying portions. Distinct painful points are found midway between the spine of the ischium and the trochanter, at the head of the fibula, and behind the external malleotus.

Patient received salophen six grams, *pro die*, for six days without effect.

I subjoin two cases which cannot be regarded as typical instances of the disease. In the one case there were present articular pains occuring in the course of chronic gonorrhea, in the other obscure pains in the legs.

CASE 12. Alwin M., tailor, aged twenty-four, admitted July 3rd, 1892, suffering from chronic gonorrhea, July 11th, pains in the left shoulder and knee, which disappeared after administration of one gram salophen, but returned the evening of the following day. They again disappeared after administration of one gram of salophen, which was continued in the same doses three times a day. Under this treatment only slight pains occurred, on July 14th, in the left shoulder and knee, and on the 16th in the right knee. Salophen was well borne.

CASE 13. Paul H., merchant, aged seventeen, was admitted February 24th, 1893, with the history of having suffered since 1889 from fugitive and lancinating pains in both legs and hips. These were always present and especially violent at night. Movements of the legs, both active and passive, can be carried out painlessly. Percussion of the spine is quite painful in the lumbar. The left sciatic nerve is somewhat painful on deep pressure; at the head of the fibula and further downward it is not abnormally sensitive to pressure.

From February 25th to March 2nd, patient received salophen, one gram, six times daily. The pains became less severe, but as the area of tenderness over the spine pointed to disease of the vertebræ, patient was referred to the surgical clinic with the diagnosis of tuberculous disease of the spine.

Besides the above mentioned cases which were treated in the clinic, salophen was tried in three cases in private practice.

CASE 14. N W., female, aged thirty-one, suffered from violent pains on the left side of the face and head, due to exposure to cold. Salophen administered twice or three times in doses of one gram, afforded much relief, and after eight doses given within two days, the pains completely disappeared.

CASE 15. K. L. physician aged twenty-six, had suffered for three days from general malaise, headache, anorexia, slight fever. On the fourth day he complained of backache and inability to bend the spine. In the course of the afternoon and evening salophen four grams was administered and on the following morning the pains had disappeared and the patient's condition was perfectly normal.

CASE 16. K. H., laborer, aged forty-five, was attacked March 11th, 1893, with violent pains in the right hip joint

March 14th, patient's condition was as follows: The right leg can be flexed at the hip joint without pains, but movements of rotation and abduction are very painfully impaired. Externally nothing perceptible. No fever. Salophen ordered in one gram doses four times daily.

March 15th, no improvement, right knee joint also painful.

March 16th, pains somewhat relieved.

March 17th, pains such less severe, patient able to get out of bed. Referred to his lodge physician.

From these histories of cases it appears that in recent cases of articular rheumatism that salophen in doses of four to six grams *pro die* exerts a distinctly favorable influence upon the diseased joints. The pains and fever disappear first, then the mobility is restored and the exudations undergo absorption. On the other hand, the frequency of recurences and the implication of joints not previously attacked during the treatment must not escape attention and warns us against entertaining too high expectations. In the five cases which remained under observation until the end of treatment, extention of the disease to other joints and recurrences were observed in three instances. The recurrence, however, usually subsided promptly under the salophen treatment, although in case three improvement of the newly attached joints was slow, and in case five an impairment of motion persisted for some time after the last recurrence.

In case two, in which salicylate of sodium was not well borne, a more decided improvement followed the use of the salophen than after the former remedy.

Moreover, salophen proved perfectly innocuous even in ten gram doses. After effects were rarely observed, profuse sweating occurred infrequently and in two instances there was slight tinnitus. It was well tolerated by the stomach, and the appetite which in some cases where salicylate of sodium had been administered had deterioated, became better under the salophen treatment. In cases six to eight in which the disease existed several weeks before the employment of salophen the remedy acted less favorably than in recent cases. In case six the pains which appeared at night subsided regularly about one hour after administration of a second dose, but the improvement was slow and remained the same after treatment with salicylate of sodium three grams *pro die*. In the other two cases the improvement was even less pronounced.

In the case of severe chronic articular rheumatism, salophen proved as useless as the other remedies although more than 200 grams were consumed, while in a milder case of arthritis deformans it effected some improvement of the pains. A comparison of the above observations with others that have been published leaves me to believe that salophen is well worthy of use in acute articular rheumatism, as it is nearly as effective as sodium salicylate and preferable on account of the absence of after effects. It is especially worthy of a trial in cases of dyspeptic disturbances. Owing to its tastelessness it is to be preferred in children's practice.

In chronic articular rheumatism improvement may be obtained in some cases by continued administration of salophen, while in others no favorable results are observed.

In neuralgias and other painful affections the remedy deserves further trial, since excellent results have been noted in some cases.

Jas. Webb Booth, M. D., of Hartford Conn. writes under date of May 4th, 1893: "I have found that a mixture like the following has had wonderful effect in pleurisy and la grippe:

℞	Ammon. Bromide	ʒiii
	Ammon. Carb	ʒi
	Antikamnia	ʒss
	Mucil Acacia	℥i
	Tinct. Acontine	gtt.xx
	Syr. Tolu	℥ss
	Aqua	q. s. ℥ii

M. ft. Sig.—Take one teaspoonful in water every three hours.

I use this when I find not only inflammatory and febrile symptoms, but when there is a high nervous tension and restlessness with insomnia. When the case is pneumonia, I drop the ammon. bromide and increase the ammon. carb., add Wine Antimony Tart and blister.

The Times and Register.

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MEDICAL EDUCATION IN THE UNITED STATES.

THE time is at hand when the various medical colleges throughout this country begin their annual sessions, and many thousand students will begin their education for the practice of medicine. It is pleasing to note the changes from year to year toward the advancement of medical science, and the progress that medical schools must maintain in their curriculum to keep abreast of the times. Formerly one or two years of study in a medical college, comprising only from six to twelve months, constituted the course required. Now such a term of medical education would be considered a travesty on the name "physician." The various branches of medicine are enlarging to such a degree that soon it will become a necessity for all first-class colleges to exact a full four years' course of nine months annually. Many are doing this already. Most of our medical institutions are also requiring a well founded preliminary education. This is as it should be. The day of the ignorant, uneducated doctor is past. The public require brains and thought of those to whom it shall intrust its health and disease. Let the charlatan and quack expose his ignorance through his subtility, if we ever expect to annihilate them it will be through superior education, thought and research which command confidence, rather than by statute laws or questionable trickery in methods.

The student of medicine must enter his studies with determination, zeal and interest, else he might as well give up the fight at the start and turn his hand to something to which he is better adapted. Professors of medical colleges are tired of attempting to teach the listless and careless, those who make the lecture room a play-house, and the college buildings a lounging place.

It is noteworthy in the line of advancement in medical education, that the U. S Government has recently established a Department of Instruction in connection with its Naval Laboratory in New York, where the newly accepted assistant surgeons are sent for additional instruction in hospital work, sanitary science and hygiene.

PAN-AMERICAN MEDICINE AND A PAN-AMERICAN LANGUAGE.

OUR Pan-American Congress has been held, and we may say that it was very successful, considering the difficulties and confusion necessarily incident to conducting parliamentary bodies, in which, two or three different races participate; and, as in many various languages. There were there the pure Castilian, the Indian admixture, the full-blood-negro and the mulatto; besides as as the great majority, the American An-

glo-Saxon. There were few or no representatives from the Dominion of Canada.

Unfortunately the average American physician has little or no knowledge of any language except his own; for a speaking knowledge he has none.

This is not as it should be; as every physician, before he is given orders, as it were, to go forth and administer to his fellow-man should have at least a theoretical knowledge of French.

We do not, so speak because we have any preference for this language, as its construction and enunciation are much more difficult than other modern languages, but, because it is the traveling language of the world; and to one at all familiar with Latin, is comparatively easy.

But, inasmuch as onr American Continent is a world in itself and probably with time, we will rather elect to travel over and spend our money in our own Continent than in Europe; let us at all events have a language which all Americans can understand.

It has been seen, that there is no incongruity in Pan-American Medicine, but is it possible or practicable to formulate an *American* language?

Recently we animadverted on the question of Pan-American degrees in medicine, and declared them impracticable; but the same objection does not hold in regard to a common tongue. The language which we speak, is a heterogeneous combination of French, German, Gaellic and others.

Now is it feasible or possible, to organize a language, of a compromise character, which will, like the English, commend itself by its simplicity and strength, a sort of compromise, between the French, German and English.

Such a thought may seem, at first sight, chimerical and visionary, but when our Canadian brethren at the north and the Castillians at the south, are joined to our sisterhood of states, the question of a common language for all will be the dominant one.

Physiclans, of whom the public expects a culture above the ordinary level, should certainly master more than one language. In fact through our limited knowledge in this direction more than half of the most beautiful gems of literature are shut out from us.

Annotations.

THE DEATH OF CHARCOT.

WITH feelings of deep regret. we learn through our Parisian exchanges, of the death of Jèan Martin Charcot. In the death of this eminent *savant*, the professional world loses the most eminent alienist, profound philosopher, and erudite teacher of this century. The literary yield of this great physician was simply stupendous, and, for its clear perspicuous, elegant style, with originality and fullness of detail, was scarcely rivalled by any other contemporaneous writer.

Jèan Charcot was born of humble parents, in the month of November, 1825. He received the doctorate degree in 1853. In 1862 he was attached to the alienist department of Sal pe triere, shortly after which event, he launched the *Archives de Neuralogie*.

Endowed with a marvellous capacity for mental application, he soon printed other journals: notably, among which are, "*LaRevue De Medicine*," "*Archives De Pathologique*," "*Experimentale et el' Anatomie Pathologique*," *and*, "*Nouvelle Iconographic de la Sal pe triere*," besides, "*Leans du March et Clinique de Malades des Systeme Nerveuux*."

Many, and the most eminent, are among the multitude of students who crowded to sit at the feet of this modern Hercules.

In physique, Charcot was of medium size, with a clean shaved face, and a superb Roman mould of features.

Socially, unpretentious, simple and sweet of manners; none who have ever

shared a quiet half hour with him can ever forget the charming, elegant bearing of their host.

In Charcot's death, France loses one who has shed lustre on French medicine and the most illustrious of the nation's servants. And, as he passes from among us, "on that journey which knows no ending," we of his craft, so deeply in his debt, the whole professional world, reverently bow our heads, for one who loved, honored and exalted his calling, and was a living example of what may be accomplished by patient investigation and honest toil.

PHYSICAL REST IN TREATMENT OF CHLOROTIC ANEMIA.

FREDERICK TAYLOR M. D., F. R. C. P. in *The Practitioner* for September, in a valuable communication, lays particular stress upon the value of absolute rest in connection with the treatment of chlorotic anemia by iron. Against fresh air he has nothing to say so long as it does not involve exercise either by walking or riding. The worse the case of anemia the more absolute should be the rest. Patients suffering the more severe forms of the disease should be kept absolutely in bed, while the lighter forms are allowed to rise a few hours in the afternoon.

THE SUGGESTION OF A LETHAL CHAMBER FOR THE EXECUTION OF CRIMINALS.

IN the Birmingham Home for Lost and Starving Dogs, Birmingham, England, the following process for the execution of animals is adopted which might be advantageously carried out in the execution of criminals condemned to death in this country :

"An air-tight box, in shape like a big dog kennel is built of best seasoned pine. The interior is padded with thick felt, which retains the anesthetic, and so keeps up always a semi-lethal state. Access to the chamber is obtained from the front by a double set of doors ; the exterior one, which is hung on strong hinges, and falls back, answers the double purpose of a resting-place for the cage, and when closed makes the compartment additionally air-tight and secure ; two other folding doors open inwards as the cage is pushed in, and swing back again immediately it is withdrawn. The process of charging the chamber is arranged from the top. A metal receptacle receives the fluid, under which a spirit-lamp is placed ; this heats the methylated chloroform, the fumes from which descend through two small pipes into the chamber ; the chloroform, being the heavier, forces the air out through two escape tubes on the roof, and when the spirit has evaporated, which is proved by a small tap attached to the boiler, the cage, containing, perhaps thirty dogs, is rapidly pushed through the folding-doors, the outer one is also immediately closed, and by this time the dogs are unconscious. No sound of distress is heard that can possibly betray symptoms of pain, and their calm repose, when the cage is withdrawn, demonstrates clearly that they passed away in a final, but painless, sleep. Dr. Richardson, the inventor of this merciful contrivance, says that death by anesthesia is typically represented in death by chloroform, not by asphyxia, which is typically represented in drowning or in immersion in carbonic acid gas."

The above described apparatus is by far the most humane instrument of death and stands ahead on every ground of practical readiness and certainty.

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Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

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TIMES AND REGISTER,
1725 ARCH STREET, - Philadelphia, Pa.

I WOULD like to add the results of my experience with sulpho-carbolate of zinc in summer diarrhea, to the mass of testimony in its favor, and congratulate you on the fact that it is principally by your influence that it is so extensively and so successfully used.

E. W. BING.

Book Notes.

The Illinois State Board of Health have recently published a pamphlet entitled "Zymotic Diseases in Chicago," which is intended to illustrate their Sanitary exhibit at the World's Fair. Special reference is given to the mortality per centages of typhoid fever in the lorge cities of the United States, and tables showing the sanitary statistics of Chicago are appended.

The Medical Digest.

LEECHING IN A CASE OF UREMIC COMA.

In the beginning of the year 1873 I was called to a young lady, eleven years of age, who, after an attack of scarlet fever, was seized with uremic coma. I found her partly unconscious, with convulsions, with slight strabismus, with the pupils widely dilated, and with the temperature of the body normal. The urine she passed was richly albuminous. I suggested the immediate abstraction of blood from a vein, but was so strongly opposed, I did not urge the practice. As the symptoms in a few hours became much more imminent, consent was given that I might take blood by leeches. I seized the opportunity, and I carried out the bleeding as effectively as if blood had been taken from the arm, removing by relays of leeches applied over the loins fully eight ounces of blood. The relief afforded was immediate; and. the temporary congestion relieved, the patient continued to improve until she made a perfect and rapid recovery.—Sir Benj. Ward Richardson, M.D. F.R.S. in the *Asclepiad.*

EFFECT OF BLOOD-LETTING FOR THE CURE OF LIGHTNING SHOCK.

Our forefathers were satisfied as to the good effects of blood-letting in cases of lightning shock. Dr. Macaulay, an able naval surgeon of last century education, has left on record the history of a man who, struck down on deck by lightning and being entirely insensible, was brought to consciousness and recovery by the rapid abstraction of over forty ounces of blood. I have not myself had the opportunity of treating a case of lightning shock in the human subject, but an experience of another kind bears directly upon the value of the remedy in such cases. In experimenting with the great induction coil at the old Polytechnic, I tried to kill large animals—sheep—painlessly by an electrical discharge derived from a Leyden battery set "in cascade," and presenting ninty-six feet of surface. This shock is identical with the fatal intense shock of lightning, and by passing it once through the body of a sheep it rendered the animal instantaneously unconscious, to all appearance dead, and, as I found by one line of experiment, actually dead, if nothing more were done to it. But in another line of experiment the animals so soon as they were stricken were removed by the butcher, and were subjected to division of the vessels of the neck in the usual manner of killing in the slaughter-house. At first blood flowed very slowly from the operation, but in a short time the current became freer, and, as it became free, the phenomena of active life, previously suspended in the animals, returned. There was, for a moment or two, return of consciousness, of motion, of struggle, and those proofs of life that an animal passes through, previous to convulsion, when it is submitted to slaughter without shock.

If we connect the experience of those of our predecessors who have successfully employed blood-letting for the cure of lightning stroke with the experimental facts I have here adduced, the inference is, I think, as fair as inference can be, that blood-letting is the remedy for the effects of the shock of lightning, experiment, equally with experience, becoming of clinical value.

ALBUMINURIA AFTER LABOR.

Aufrecht (*Centralbl. f. klin. Med.* No. 22, 1893), examined the urine in 32 patients, in good health and without gonorrhea, before labor, immediately after. wards, and again twenty-four hours later. The catheter was always made use of and precautions as to cleanliness employed, the result being that no albumen was found before or twenty-four hours after labor, but 18 of the above

patients showed albumen, varying in quantities from 0.002 to 0 0005 per cent. in the urine drawn off immediately after parturition. Boiling, nitric acid, and Erbach's quantitative test were applied to each specimen, and microscopically the albuminous urine contained epithelial cells, and in one case blood corpuscles, but never casts. The labors were all normal, and the puerperal period gave no trouble. The author considers that the violent expiratory efforts cause a temporary venous obstruction and consequent albuminuria. From these observations he draws the following practical conclusions: (1) As regards labor, the urine should be examined immediately beforehand; if albumen be present, labor should not be allowed to continue too long, in view of the probable increase of albumen; should eclampsia occur, its cause may lie in the state of the urine, and parturition, if practicable, should be accelerated. (2) As regards the pathology of the kidney, it is shown that albumen may exist without casts; these are therefore probably an accompaniment of a congested kidney and a product of inflamed epithelial cells.

MICROBES OF THE EAR.

Martha (*Ann. des Mal. de l'Oreille*, July 1892), examined fifty cases, and found staphylococci twenty-seven times, streptococci eighteen, bacillus pyocyaneus twice, a number of saprophytes many times, but never the pneumococcus. He holds that "there is no well-defined clinical form corresponding to the presence of these different microbes." He insists on vigorous antisepsis of the ear and of the mouth, as also of the instruments and medicaments. Instruments demand greater care than is usually bestowed on them after use, mere dipping in antiseptic solution and wiping being insufficient. Cotton wool should be rendered and kept aseptic before use, as many specimens in the possession of patients were found to be infested with microbes.

THINGS WORTH REMEMBERING.

It is authoritatively stated that headache almost always yields to the simultaneous application of hot water to the feet and back of the neck.

Ordinarily one woman in eight is sterile, but among women who have fibroids one in three is sterile. (Parvin.)

In facial erysipelas, where you cannot conveniently apply ordinary means, paint the part with a 10-per-cent. iodoform collodion. (Prof. Gross.)

In posterior displacements of the uterus, always replace the organ before introducing a pessary; the frequent failure of its use is generally due to this cause. (Parvin.)

Where there is a collection of foreign matter, as pus, in the antrum of Higmore, extract the first molar tooth (or more, if necessary), and drain the cavity in this way. (Sajous.)

For specific vaginitis, Prof. Parvin ordered mucilaginous injections and warm hip-baths in the acute stage, followen by injections of 1 : 100 corrosive solutions and tampons of boracic acid and glycerine.

Gelsemium will often do more good in irtitable bladder than any other remedy. It is especially adapted to those women of hysterical type troubled by irritability at the neck of the bladder, calling for constant urination.

Without exception, the first symptom of pregnancy is an increased frequency of the desire to micturate.

Rhus aromatica, or the fragrant sumach, which grows all through the Northern States, is strongly recommended for incontinence of urine in atonic states of the bladder. From ten to fifteen drops of the tincture are given three times a day.

Salicylic acid is highly recommended as an application to ring worm. It may be used as an ointment, but is much better as a saturated solution in collodion. One application is often all that is necessary to effect a cure, but it may be repeated if necessary. The pain caused is not usually severe.

Boro-tartrate of potassium is the first remedy for calculus in pelvis of kidney; a weak solution must be used, and for a long time, a strong being detrimental. (Bartholow.)

Drop into urine in a test tube a few drops of the tincture of guaiac, heat it

about 100°, and if it turns pale blue, pus is present in the urine.

Houghton, of Dublin, says that two hours of severe mental labor abstract as much vital strength from the system as a whole day of physical labor.

Unna treats "red nose" with zinc-and-sulphur ointment externally and ichthyol internally. —*Mass. Med. Jour.*

SALOPHEN IN ACUTE RHEUMATISM.

Hardenberg reports ten cases of acute rheumatism treated with salophen, and sums up his observations as follows: "A fifteen-grain dose every three or four hours is frequently sufficient. In no case was there observed any toxic effect or gastric or aural irritation. The average febrile period was but six days, and the average total stay in the hospital but ten days. The pain was quickly relieved and no cardiac complications followed." These conclusions are in all respects in accord with the observations of Caminer and Fro hlich and the later reports of Osswald and Koch, all of whom found in the pleasanter taste of the drug an advantage over the salicylates. In cephalalgia, pleurodynia and some cases of trigeminal neuralgia marked relief was obtained from small doses. In the severer cases of acute rheumatism, however, the German observers looked upon salicylate of sodium as still the best remedy. Drasche and Hoischmann both report cases of the elimination of the drug by the skin in a cystalline form exactly like the crystals of the original powder. If this is true, it throws doubts upon the supposed splitting up of salophen into a salicylate and a phenol in the system. The remedy is best given in powders.

—*Boston Med. and Surg. Jour.*

TROPACOCAINE.

This comparatively new alkaloid, isolated by Gieser from the leaves of the coca plant, is chemically allied to the atropine group. It has been extensively experimented with by ophthalmic surgeons, and according to Mr. George Ferdinands, it is more reliable in its action than cocaine proper, and effects the tissues to a greater depth. Moreover, it is stated to have the advantage over cocaine of producing an anesthetic effect on even inflamed tissues, a very valuable, if authentic property. For general use a two to three per cent. solution is strong enough, and with a five per cent. solution anesthesia of deep-seated parts is obtainable. Further, the hydrochlorate of this base is remarkably stable and keeps well, when dissolved in distilled water, for months. The mydriatic action of cocaine, curiously enough, is not produced by its congener, nor are the tissues blanched as with the former. Altogether there seems to be a future for the new alkaloid in ophthalmic and laryngological surgery, seeing that the researches seem to indicate that it comprises all the qualities which ensured the prompt popularity of cocaine without the drawbacks of the latter.

—*Med. Times and Hosp. Gazette.*

SOME MEDICAL OPINIONS ON THE ABUSE OF ALCOHOL.

Dr. Higginbottom says: "That in a long and busy practice, in his opinion, its administration in typhoid and typhus fevers is injurious, and often fatal in its effects."

Dr. Richardson says: "That in a large private and hospital practice the stopping of alcoholic stimulants has been attended by a largely diminished death-rate."

Dr. Wilson, of Philadelphia, in his work on continued fevers says: "Alcohol forms no necessary part in the routine treatment of typhoid fever."

Sir Wm. Jenner says: "The large proportion of typhoid fever patients get along better without it from beginning to end."

Dr. Beaumont, Lecturer on Materia Medica in Sheffield Medical School, says: I have treated several thousand cases of all kinds occurring in general practice without alcoholic liquors of any kind, and have been gratified with the result. The medicines take effect more potently and answer their end better."

Dr. N. S. Davis, of Chicago, says: "In my ample clinical practice I have for over thirty years, tested the medical uses of alcohol, and have found no cases of disease and no emergencies arising from accidents that I could not treat more successfully without any form of fermented or distilled liquors, than with them."

Furthermore, he says: "That if anyone will take the trouble to examine and analyze carefully the records of the large general hospitals of both Europe and America for the last half century, he will find the ratio of mortality from general fevers and acute diseases to have increased *para passu*, with the increase in the quantity of alcohol consumed in the treatment.—*Medical Mirror*.

PERIOD OF INCUBATION OF THE INFECTIOUS FEVERS.

Diphtheria, two to seven days; oftenest two.

Typhoid fever, eight to fourteen days, sometimes twenty-three.

Influenza, one to four days; oftenest three to four.

Measles, seven to eighteen days; oftenest fourteen.

Mumps, two to three weeks; oftenest three weeks.

Rubeola, two to three weeks.

Scarlet fever, one to seven days; oftenest two to four.

Smallpox, nine to fifteen days; oftenest twelve.

A saturated solution of carbonate of soda applied four or five times a day, is said to remove warts speedily and without pain or soreness.

AMENORRHEA AND CORPULENCE.

Lomer (*Centralbl. f. Gynak.*, No. 27, 1893) described before the Hamburg Obstetrical Society a case of extreme obesity following amenorrhea. The patient had become exhausted by prolonged lactation. She gained fifty pounds in a year, and was so fat that she could scarcely walk. She suffered badly from vertigo, flushings and epistaxis. The cervix was scarified: all the symptoms, especially the bleeding from the nose, disappeared; and the patient diminished in weight. Kirch, it was pointed out, has already practised abstraction of blood in the treatment of excessive corpulence.

HYDRASTININE IN UTERINE HEMORRHAGE.

Gottschalk, *Brooklyn Med. Jour.*, says hydrastinine may be employed:

1. First of all, in those uterine hemorrhages wnich are traceable to a pronounced congestion of the uterus. To these belong, above all, the often very profuse memorrhagias of spinsters, in whom there is no pathological change in the condition of the genitals. In some of these cases it is possible to obtain a permanent result, so that even after discontinuing the remedy the menstrual flow remains smaller.

2. Also in hemorrhages which have their pathological and anatomical cause in endometritis, hydrastinine will lessen the quantity of blood; but here, according to Gottschalk's experience, the action is only palliative, not being sufficient alone to cure the local cause of the trouble.

3. For prophylactic or intermenstrual use, hydrastinine is useful before or during the first returning profuse menstruation after an abrasion of the uterine mucosa. It is well known that this menstruation, usually occurring after six weeks, is often very profuse. In the very cases where there was great loss of blood before the operation, it is of great importance to prevent further profuse hemorrhage. This is possible if the treatment with hydrastinine is begun several days before the expected menstruation, and if necessary, continued during the duration of the menstruation.

4. Menorrhagias caused by retroflexio uteri are best treated by correction of the malposition; but for cases of fixed retroflexion, where the reposition is not yet possible, hydrastinine is a commendable remedy.

5. Secondly uterine hemorrhages—*i. e.*, those caused by a change of the adnexa and their surroundings—offer a large field for the successful use of hydrastinine. To these belong the menorrhagia and metrorrhegia with pyosalpinx, oophoritis, ovarian tumors, and exudations. Of course, the cause of the trouble is not influenced by the remedy.

6. Climacteric menorrhagias are much diminished by a faithfully carried out hydrastinine treatment.

A MECHANICAL TREATMENT OF PHTHISIS.

This treatment is produced as a new plan. It consists in mechanically ex-

panding the thorax, and of permanently enlarging the aerial capacity of the lungs.

The treatment is based upon the following facts :—

1. That the apices of the lungs are more susceptible to the deposit of tubercle than other parts of the lungs.

2. That the prevalence depends upon the deficient aeration of the upper parts of the lungs.

3. That this lessened aeration depends upon—(A) The mechanism of respiration; (B) Upon the general want of physical stamina of the patients, leading to a lessened effort at respiration, and a lessened ability to hold the body erect.

4. That all measures which tend to increase the vital capacity of the lungs, also tend to lessen the progress of tubercular disease, and to materially help the cure of that disease.

5. That whatever other remedies may be desirable, the increased aeration of the lungs with pure air is of immense value in the treatment of consumption.

Physicians having failed to kill the tubercle bacilli, it remains to render the soil unfit for the cultivation of these bacilli, in other words, to increase the vitality of the patients, so that the bacilli cannot thrive upon them. Various remedies—climatic, dietetic, medicinal and hygienic—are of very great value, but the greater increased expansion of the thorax persistently kept, up is an item in treatment which is undoubtedly of immense service, but which has never previously been carried out effectively.

The plan advocated is the only method by which a sustained condition of greater expansion can be effected while the patient is at the same time getting about, and carrying out all the details of treatment which come under the heads already quoted.

Reference is made to Dr. Silvester, the author of the Physiological method of inducing artificial respiration, who advocated a plan of exercise in a special chair for expending the lungs: and although that treatment was followed by good results, yet it had not the sustained character of the mechanical plan here described.

The weight of the upper extremities is a source of depression to the ribs and chest, and prevents free aeration of the lungs, limiting the vital capacity by about forty cubic inches.

The plan demonstrated consists in supporting the arms mechanically, so that the weight does not fall upon the thorax in the same degree, and by drawing them backwards and upwards, expanding the lungs, so that the thorax is permanently held in a better position.

Cases are quoted in which the author has found remarkably good results from this treatment, chronic cough having rapidly disappeared, dullness on percussion at the apices having cleared up quickly, and delicate phthisical-looking patients restored to a robust condition.

The author is careful to state that in advocating this new plan of treatment, it should be most thoroughly understood that he is not suggesting it in the place of other remedies. A combination of every measure to counteract the ravages of tubercular disease is necessary. Good atmosphere, carefully selected foods, massage, and various medicinal remedies are all required.

With regard to development of the chest by exercises, the author urges that a great many of the patients are far too feeble to be able to carry out prolonged systematic movements.

He considered a certain amount of drilling very good when the patient is sufficiently strong, but the effects thus produced will be infinitesimal in comparison with the result of mechanical development of the thorax.

The effect of the latter is *immediate, is continuous*, and is without the effort of the patient. The former process is *slow*, is interrupted, and is only produced at considerable, and generally harmful, expenditure of muscular exertion.

The apparatus which necessary to carry out this treatment is comparatively light, is felt as a great support and help by the patient; it does not interfere in the slightest with development, it allows perfect freedom of use to the muscles, and upon the whole is fully appreciated by the patient, on account of the personal comfort derived from using it, and the immediate and rapid benefits to the general health.

—Noble Smith, *Hosp. Gaz.*

PSEUDOCYESIS, OR SPURIOUS, FEIGNED, AND CONCEALED PREGNANCY.

Diagnosis. — The differentiation between pseudocyesis and true or normal pregnancy is oftentimes one of the most difficult questions that a medical practitioner may be called on to decide. Thus, for instance; in the last-mentioned form of spurious pregnancy there is no possibility of discriminating with certainty between a myxomatous mole and the normal product of impregnation *in utero* before the completion of the fourth month of gestation, though in all cases the presence, if clearly recognized, of the objective or positive signs of pregnancy after that period would then of course, enable us to determine the question, as these can neither be simulated by disease nor counterfeited by design. In almost every case of pseudocyesis, however, it may generally be early ascertained that there is something unusual in the symptoms; either some essential one is absent, or else the symptoms that belong to one period of pregnancy manifest themselves at another, and commonly an earlier one than usual.

Until the fifth month physical examination affords us comparatively little assistance in such cases; and, as a rule, neither patient nor physician ever dreams of the possibility of the case being one of spurious pregnancy at a previous date. From that time the sounds of the fetal heart and, though with less certainty, the placental bruit should, under ordinary circumstances, afford the obstetric expert most unequivocal means of discriminating between true pregnancy and pseudocyesis. Nevertheless, I must still confess myself somewhat sceptical with regards to the value of the information thus obtained by many practitioners as an infallible test between these conditions. Even in the last month of pregnancy the non-distinguishability by an expert of the fetal heart at the moment of examination is *per se* no proof, as I have elsewhere shown, that the uterus may not then contain a living fetus. How much less reliable, therefore, is this negative evidence when employed, as it often is, at an early stage in such cases, and then perhaps by those who may be experts neither as auscultators nor as obstetricians! Moreover, the positive proofs that are derivable from the skilled use of the stethoscope are by no means always reliable as diagnostics in such cases in the hands of the average medical practitioner This fact I have but too often seen exemplified even by men of some experience who had been deceived into the belief that they could thus recognize the sounds of the placental bruit and fetal heart in cases where neither existed, and who, on the faith of this supposed evidence of pregnancy, pronounced in haste opinions which were subsequently repented at leisure.

The most generally reliable diagnostic test in such cases is that afforded by a properly conducted bimanual or conjoint abdominal and vaginal examination, by which the exact size and postion of the uterus may be ascertained, as well as the causes of the enlargement, at least in the later months of the pregnancy. In those cases of pseudocyesis in which the patient, being anxious to be thought pregnant, contributes, as is often the case, to the deception by making her abdominal muscles so tense and rigid that it becomes difficult to determine otherwise the condition of the uterus, this may easily be done by examination under chloroform or ether. I need not, however, dwell on the diagnosis between pregnancy and those various morbid conditions by which it may be stimulated in cases of pseudocyesis, as the differentiation of uterine, ovarian, tubal, and other intraperitoneal tumors and diseases has been pointed out in previous lectures. Nor shall I occupy space here with any reference to the relative importance of the several symptoms and signs of normal pregnancy, inasmuch as I have nothing to add on this point beyond the facts that may be found bearing thereon in my edition of "The Dublin Practice of Midwifery."

Management of cases of pseudocyesis.—It would be useless to discuss the general treatment of pseudocyesis, inasmuch as this condition, as I have already pointed out, is but a symptom of various morbid conditions, psychological as well as physical, to the detection and removal of which our attention must primarily be devoted in the treatment of this disorder. Nevertheless, the management of such cases is a matter of great practical im-

portance; in the first place the physician must disabuse the patient's mind from her illusory anticipation of maternity, and secondly he must employ whatever means are indicated by the special circumstances in each case for the improvement of her physical and mental health, and so restore her, if possible, to the enjoyment of that greatest but, unfortunately, rarest of blessings, the "*mens sana in corpore sano.*"

With regard to the duty of undeceiving the patient in those cases of pseudocyesis of which the origin, as before stated, is psychological rather than physical, I may observe that I know of no task more unpleasant and thankless than which has fallen to my lot in some instances of this kind, in which I was thus compelled to disillusion women who, having persuaded themselves and those about them that they were pregnant, had made the usual preparations for the expected event. In such a case, too, I have more than once been called in consultation to the aid of a young practitioner who, unfortunately, had allowed himself, as well as his patient to imagine that she was not only pregnant but actually in labor. And under such circumstances I have found it no easy matter to smooth over the trouble in which both patient and doctor were involved, and to prevent the latter being (and perhaps not undeservedly), made the scapegoat for all the vexation of which a woman's wounded pride may be conceived capable under such circumstances. The possibility of pseudocyesis is, therefore, one that should never be lost sight in accepting an obstetric engagement; nor should any case ever be booked down as a mere matter of routine, and without sufficient inquiry to prevent such an untoward mistake; than which few errors of judgment could be more prejudicial to a practitioner.

In many instances the diagnosis between spurious and true pregnancy is by no means easy; and hence, bearing in mind the frequency of cases in which the symptoms of gestation are either simulated or obscured by disease, as well as the possibility of this condition being wilfully feigned, I may again reiterate what I have learned from actual experience is a much-needed word of warning with regard to the necessity of greater caution than is sometimes exercised by medical men in answering, without sufficient knowledge the often-asked question "Is the person in whose case we are consulted actually pregnant or not?" On our reply to that simple query may possibly depend the fair name of a girl, or the happiness of a wife, or even the very life of a condemned prisoner, in whose case the plea of pregancy may be raised in stay of execution. Issues so grave are not to be lightly regarded or hastily disposed of; and in his decision thereon, as in all other obstetric difficulties, the practitioner's judgment should be arrived at and acted on "*nec temere, nec timide.*"

—T. Moore Madden, *Hosp. Gaz.*

WASP STINGS.

From nearly all parts of the country come doleful stories of the incursions of wasps, which do not confine their ravages to sugar basins and jam pots, but commit assault and battery of a painful though unheroic kind on the persons of Her Majesty's lieges.

A wasp sting may be a very trivial affair for all its pain, but when a large number of these creatures are disturbed, as in destroying their nests, very severe symptoms may be produced by the number of stings which are inflicted, extreme collapse sometimes following, partly the result of the pain, but largely as the direct consequence of the quantity of the animal poison injected. Occasionally, also, a single sting will be rapidly followed by an acute cellutis, death from which, has in more than one instance been recorded. As regards treatment, the immediate application of ammonia, the liquor of the universally obtainable sal volatile, or the contents of a smelling bottle, seems to be the quickest in giving relief to pain, but any alkali will do, or, if there is nothing better to be had, the application of the freshly cut surface of an onion is useful. The local after treatment is really that of the cellulitis—carbolic or lead or spirit lotion, Perhaps it is as well, if the sting obviously remains in the skin, that it should be extracted, but it is certainly not wise to do so at the expense of injuring the surrounding tissues, es-

pecially mucous membranes. In cases of collapse from extensive stinging in feeble people warmth to the extremities with free stimulation by alcohol, ether, and ammonia, as in the case of snake bite, is the best course. The possible necessity of tracheotomy in the case of cellulitis and œdema of the larynx following stings in the mouth and pharynx, must not be forgotten.

—*Brit. Med. Jour.*

THE EXCESSIVE HEAT.

The continued excessive heat is producing its natural result in cases of heat-stroke and heat exhaustion. Whether these two conditions, the one with lowered temperature, the other with hyperprexia, are the direct result of heat, or whether, as seems more probable, they are due to poisoning by ptomaines or by some product of abnormal metabolism or excretion consequent on the lessened difference between the internal and external temperatures, in the one case affecting principally the heart, in the other the nervous system, we will not stop to inquire, the points of importance are that in cases of heart stroke the symptoms, as separate from the history, are chiefly distinguishable from apoplexy and opium poisoning by the high temperature, and that the free use of cold is essential in treatment. In India a patient attacked with cerebral hemorrhage on a hot day runs a fair chance of being treated for heat-stroke, if there be no one-sided paralysis whereas in England the converse would be the case unless the thermometer be carefully used, and for certainty in such cases its introduction into the rectum may be suggested. The cardiac cases are often hopeless from their suddenness, and would seem to be due to some inhibitory, possibly poisonous, influence on the cardiac ganglia. These severe forms, however, are but extreme examples of what has been described as heat exhaustion, a condition in which much may be done by timely rest in cool air, moderate stimulation, friction, and probably, where it can be obtained, the inhalation of oxygen which, when kept in the compressed form, is necessarily cooled by expansion before being used. A considerable number of cases of faintness and of heart failure come under notice among stout people in hot weather, although one might hesitate to call them so, are really cases of heat-exhaustion; these people have only just enough heart power for ordinary occasions, and are readily knocked over by the heat, so that although when they come under treatment they are found to be suffering from heart disease, probably of old standing, the final cause of their breakdown must, in a certain number of cases, be attributed to that self-poisoning, whatever its nature may be, which is produced by prolonged exposure to, and especially exercise in, excessive heat. Among the secondary and even more common evils produced by the hot weather, are the results of the greatly increased tendency to decomposition of articles of food. Diarrhea fortunately is often produced, but where that does not occur flatulence, oppression of the heart, and all the minor symptoms of ptomaine poisoning are apt to occur in hot weather, purely from the fermentation of food which has been eaten in a state of incipient but undetected decomposition.

—*Brit. Med. Jour.*

A NEW FORM OF DANGEROUS EXHIBITION.

A medical practitioner recently exhibited some cholera bacilli in glass tubes in the New York Musuem of Natural History. The occurrence was reported to the Board of Health, who sent a medical inspector to investigate the facts. On his report, the Board passed a resolution forbidding any such public exhibitions in future. The practitioner who showed the bacilli states that they were entirely harmless, having been killed by sunlight and exposure, and placed in tubes fiilled with Canadian pine. The Board of Health, however, is laudably determined to be on the safe side. If only other boards we wot of were as energetic in protecting us from live bacilli as the New York Board is in preventing the exhibition of dead ones, the sanitary millenium would be at hand.—*Brit. Med. Jour.*

News.

OBITUARY.

J. M. CHARCOT.

One of the greatest, perhaps the most successful physician of our age, died a few weeks ago, 68 years old. Many men from this country have studied under him, most of those who made a trip to Europe, went to see Charcot, the famous head of the Salpetrière in Paris; and, indeed, there will be few professional men who have not spoken of Charcot as of one of our greatest authorities.

Charcot was not a man who conquered the world at once as a genius; he took a long time of conscientious work for his development. He shows what a man can become by systematic never relaxing labor. He was not the specialist in nervous diseases from the beginning; first of all the man, the character, the artist, the keen observer of disease and of human nature developed slowly, and this preparation took more than half of his life. When he obtained at last what he seemed to be destined for, the service of nervous diseases at the Salpetrière, he was fully prepared to create the chair for this specialty and it did not take a long time before he had established a school which is perfectly unique in our time.

Charcot had a wonderful fascination for his surroundings, I don't know of another physician who had so many prominent and equally devoted pupils. There was a sort of discipline among all his pupils that encouraged him and facilitated his work wonderfully. This discipline shows itself in the same light in the great indisputable teachings, and in the polemic part of Charcot's work; every where the word of Charcot was the opinion and strong belief of the whole school; it is sometimes difficult for the outsider to understand what brought such a great number of deep and thorough observers to adopt without contradiction the word of the master.

Many a man has made greater discories than Charcot, without being able to create a school of such men as that of the famous Salpetrière. In fact, most of the discoveries commonly attributed to Charcot have been made before him by Duchenne de Boulogne, by Todd and by many others—but Charcot united all this work in himself, systematized it, assimilated it and finally with the large experience offered by the unique hospital and with the wonderful co-operation of the whole school he used them as the corner-stones of a fine monument which bears his name with full right, although ever so many stones seem to speak of some other observer.

Unlike most of his country men, Charcot had not an inborn talent for speech. But this drawback led him to very careful study and to a minute and detailed preparation of all his work, by persevering practice he acquired such a talent in vivid and precise description that probably many a talented orator could not have equalled him in his cliniques. His exceedingly broad education, knowledge of art, of literature, of all the life that Paris can offer, and the marvelous memory for his medical reading—all worked together to give his lectures their attractive form.

Charcot has often been compared with the great German neurologists and clinicians. Why was he so much more attractive? German thought tends towards accumulation of detailed studies in a broad system, whereas Charcot tries to pick out points for an easy systematizing and after having made the skeleton of symptomatology, he goes over to the study of the individuality of the sick person before him. In clinical matters he is no longer abstract, as most of the German teachers are apt to be; his lectures were not intended to be abstract teaching, but a pleasant communication of what the whole audience could see.

There is no doubt that hysteria is Charcot's field *par excellence*; he has brought this vague and undefined disease under a precise and characteristic symptomatology. His name is probably too much connected with the problems of hypnotism; it seems that after the failure of finding a satisfactory explanation for "animal magnetism," he was not ready to accept the progress of the school of Nancy, but with great reluctancy and sometimes even with a very marked sarcasm. It would lead too far to outline the history of this polemics; yet we find

in it more material for a psychological study of one of our greatest "authorities" than in any other line of his work.

It will be interesting to see the further development of the Salpetrière School after the death of its famous head. It may be that we shall see what often happens in families: the death of the father allows the individuality of the sons to develop and to take new energy of life. Of course, a visit to Paris will not be the same to American physicians since Charcot has gone, as the Journal of American Association says, but I hope sincerly that the death of the master will largely help the numerous pupils to be a living and progressive monument to the man who had perhaps become too conservative to break with old conceptions.

A. M.

A married woman at Burnley, in Lancashire, recovered last week £40 damages from a dentist for having taken out all the teeth in her upper jaw. There was a conflict of evidence as to whether she had or had not given the dentist permission for the wholesale extraction, which took place under gas inhalation, but the jury believed her assertion that she had not given such permission. Dentists, in order to protect themselves against such actions, would do well to insist on their patients giving their instructions in writing

—*Med. Times and Hosp. Gazette.*

TO A QUACK.

These lines, by the TIMES AND REGISTER poets are respectfully dedicated to one of the advertising quacks of this ciiy. Our readers can fill in his name.

"Thou motley lump of ignorance and pride,
In all the scoundrel arts of killing tried;
How shall I tell thy guilt or how begin
To lash a villain crusted o'er with sin?
No beams of softening pity touch thy breast,
Too vile a cell to harbor such a guest.
Oh, hadst thou lived in that cursed tyrant's reign.
By whose command the Innocents were slain,
Herod might then have saved his men the pains,
At Bethlehem to knock out the children's brains.
Thy lozenges the fatal work had done,
And soon despatched them, every mother's son.
Why with our laws, vain volumes do we fill,
If such as thou have privilege to kill?
Mean petty felons, for less crimes by far,
Have oft received their sentence at the bar.
I' th' face of day, thou robb'st us of our health,
And yet are never questioned for the stealth.
Sure some dire planet all thy steps pursues,
Named *All-Kill*, and a sickness straight ensues.
Through thy destroying skill diseases reign,
Nor did a blacksmith teach thee first in vain,
Not Sword, nor Plague, nor Famine ravage more
Thou kills't, and Fate has hardly time to score.
Death, tho' unsought, waits on thy murdering quill,
Attends each dose, and lurks in every pill,
With little pains, and very little bribeing,
Whole nations might be killed by thy prescribing.
But know, dull sot, the dreadful hour's at hand,
When before awful justice thou must stand.
The muse her ancient freedom does assume,
Then tremble, while she thus proclaims thy doom'
For all ye quacks shall furnish out a tale,
And be the jest of midwives o'er their ale.
For scalded heads most learnedly advise,
And in the case of hives, seem monstrous wise,
Be ne'er consulted, 'bove a boil or blister,
And to my lady's lap-dog give a clyster.
Cure hogs of measles, visit laboring swine,
And order doses for thy neighbor's kine.
Reign over beasts from Beersheba to Dan,
But never, never, meddle more with man.
May none seek help from thy d . . . d remedies,
But senseless brutes that health and fame despise,
Gout, xxx, and, xxxx, with all attending ills,
Thou hast so often threaten d in thy bills,
Thee with fresh rage incessantly devour,
And leave their pointed darts in every pore,
Let them with force united make thee smart,
And own thyself a blockhead in thy art,
From these insulting tyrants find no quarter,
But to thy own prescriptions fall a martyr.
On thy vile self thy hateful potions try,
Then d—— old Galen, and by piece-meal die.
But let no fever, (for I'll once be kind)
Or pestilence to thee admission find.
Those generous foes too soon conclude their rage,
I'd have thee tortured, for at least an age.
May, all that malice, fruitful to torment,
All that hatred and revenge can invent;
All that on earth despairing wretches feel fear,
Light on thy head, and kindly centre there.
Marked with heaven's stamp, like Adams murdering son,
Through the whole globe, a branded villian run,
And all mankind the raving monster shun,
Despised, abandoned, rove from pole to pole,
Thy carcase jaded by thy restless soul;
Where'er thou goest a mother's curses meet,
Pale nurses thee with execrations greet;
And wrinkled witches, when they track with hell,
Invoke thy name, and use it for a spell!
Blaspheming leave the world, and never know
The least remitting interval for woe.
Dire conscience all thy guilty dream affright
With the most solemn horrors of the night;
The screams of infants ever fill thy ears,
And injur'd heaven be deaf to all thy prayers.
Thus have I eased in part my wrathful spleen,
Nor can'st thou say the muse has been too keen.
What er the fiercest satire can inspire,
Falls vastly short of what thy crimes require.
What punishment can too severe be thought
For thee, by whom such numerous ills are wrought?
The living sent to an untimely tomb,
And unborn infants murdered in the womb."